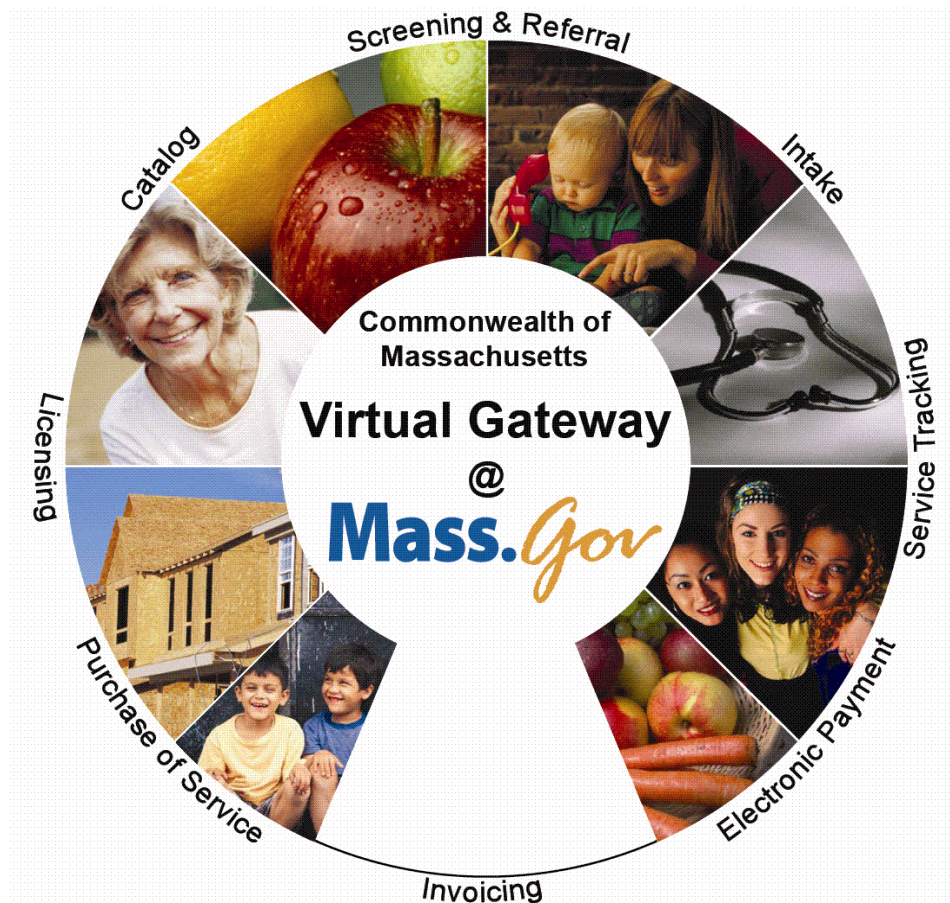


## Virtual Gateway



## Housing Applications in Common Intake

Department of Housing and Community Development  
Housing Assistance Provider User Manual  
Release 3.0 – *Draft for Pilot Use Only*



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## Chapter 1: Introduction and Overview

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### Introduction

This chapter provides an introduction to and overview of the Virtual Gateway and Common Intake. It includes:

- Overview of Virtual Gateway and Common Intake
  - System Requirements
  - Accessing the Common Intake Dashboard
  - Password Management
  - Navigating the Common Intake Dashboard Page
  - Initiating an Application through the Dashboard
  - Common Intake Navigational Basics
  - Look and Feel of the Common Intake Application
- 

### What is the Virtual Gateway?

Service providers now have access to program information and a powerful set of tools over the Internet, accessed through the Virtual Gateway at [www.Mass.gov](http://www.Mass.gov).

The Virtual Gateway serves as a single access point on the Internet for a wide variety of business services and serves three important groups:

- Service provider staff (intake workers, in particular)
  - Internal staff at Local Housing Authorities (LHAs) and other Commonwealth agencies
  - The general public
- 

### What Does Common Intake Do?

Common Intake is a Virtual Gateway service that enables Housing Assistance Providers (HAPs) to submit electronic applications (e-applications) for clients requesting housing. The provider completes the application online and submits it electronically to all selected LHAs for processing.

E-applications are easy to track and help ensure complete, accurate applications. For complete rules on Housing Applications, please refer to Massachusetts Department of Housing and Community Development's regulations.

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## **System Requirements**

### **System Requirements for Common Intake and the Virtual Gateway**

All computers used to access the Virtual Gateway require Internet Explorer 6.0 or higher.

For Application Inbox, the minimum system requirements (PC or Mac) are:

- Internet Explorer 6.0 or higher
- 800x600 screen resolution
- 300MHz CPU and 128MB RAM

Additionally, the preferred system features to enhance the performance of Application Inbox are:

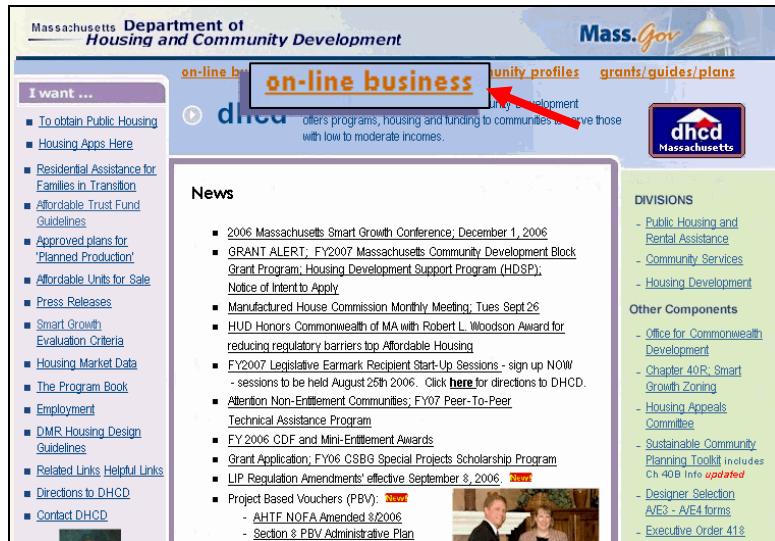
- 1024x768 screen resolution
  - 500MHz CPU and 256MB RAM
-



## Accessing the Common Intake Dashboard


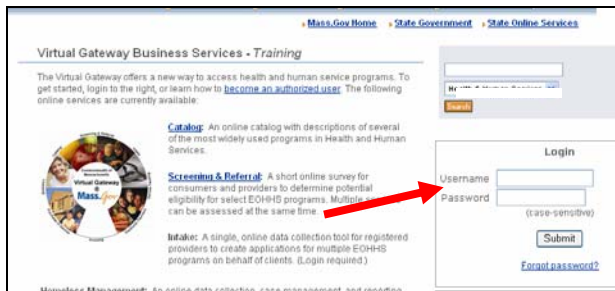
The Dashboard provides access to all of the Common Intake functions—starting new applications, searching for existing applications, accessing training materials, etc. The following steps show you how to access the Virtual Gateway and the Common Intake Dashboard:

Step	Action
1.	Open your Internet browser. <b>Tip:</b> Once you are in the Virtual Gateway, the Internet Explorer <b>Back</b> and <b>Forward</b> buttons are suspended. You must use the navigation tools that are part of the application.
2.	Type the web address <a href="http://www.mass.gov/dhcd/">http://www.mass.gov/dhcd/</a> in address bar. <i>The Department of Housing and Community Development portal page appears.</i>





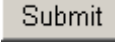

## Accessing the Common Intake Dashboard (Continued)

Step	Action
3.	<p>Click on the <b>on-line business</b> link.</p> <p><i>The DHCD Online Business page appears.</i></p> 
4.	<p>Click on the <b>DHCD and Quasi Partners</b> link under.</p> <p><i>The Virtual Gateway Business Services page for login appears.</i></p>
5.	<p>Click on the <b>Common Intake, Virtual Gateway</b> link under <b>WHAT would you like to do?</b></p> <p><i>The Virtual Gateway Login page appears.</i></p> 
6.	<p>Enter your <b>Username</b> and <b>Password</b> in the <b>Login</b> box.</p> <p><b>Note:</b> Security requires each person have a Virtual Gateway username and password.</p> <p><b>First-time users:</b> Refer to the <i>Password Management</i> section of this chapter for <b>important</b> information on changing your password.</p> <p>If you have problems logging in or forget your password, you can call the Virtual Gateway Help Desk at 1-800-421-0938.</p>





## Accessing the Common Intake Dashboard (Continued)

Step	Action
7.	<p>Click .</p> <p><i>The <b>post-login Virtual Gateway Business Services</b> portal page appears. Once you are logged in, you will have access to the <b>Common Intake Tool</b>.</i></p>
8.	<p>Click the <b>Common Intake Form</b> link to access the Dashboard.</p>  <p><i>The <b>Common Intake Dashboard</b> page appears.</i></p>

## Password Management

All users must change their password at first login.

After your initial login, you can change your password at any time by clicking on the [Password Management](#) link.

Password policy rules:

- The user will be assigned an ID and temporary password sent through e-mail by the Virtual Gateway help desk
  - The password must contain between 8 and 12 characters and at least 1 alpha and 1 numeric character
  - Passwords are case-sensitive
- Users will be automatically logged out of the system after 60 minutes of inactivity



## Password Management (Continued)

Virtual Gateway Password Management

Change Password

Password should have 8 to 12 characters, and contain at least one alpha and one numeric character.

New Password:

New Password (confirm):

Submit Close

Account Management



Password Management

Log Out

Important Notice

- The Virtual Gateway will be unavailable for system maintenance on Thursday February 3rd, 2006 from 5:00pm until 9:00pm.
- If you have any questions please contact the Virtual Gateway Help Desk at

Follow these steps to change your password:

Step	Action
1.	<p><b>Important Tips:</b> You will need to disable any popup blocker in your browser to allow the <b>Change Password</b> screen to appear.</p> <ul style="list-style-type: none"><li><b>First time users:</b> Sometimes simply holding down your <b>Ctrl</b> key (on a PC) while you click the <b>Submit</b> button when entering your new User ID and temporary password will bypass the popup blocker.</li><li><b>Users that have had their password reset, or users wishing to change their password:</b> Sometimes simply holding down your <b>Ctrl</b> key (on a PC) while you click the <b>Password Management</b> link when <i>changing</i> your password will bypass the popup blocker.</li><li><b>All users:</b> Contact your network administrator if you need assistance with this process.</li></ul> <p>Click the <b>Password Management</b> link. (<i>New users:</i> Enter your Virtual Gateway User ID and temporary password in the Login Page.)</p> <p><i>The <b>Change Password</b> popup window appears.</i></p>
2.	Type new password twice.
3.	Click  .
4.	Click  .



## Navigating the Common Intake Dashboard

The following is an example of the **Common Intake Dashboard** page and highlights a few key components.

The screenshot shows the Common Intake Dashboard interface. At the top, there is a header bar with 'User Name' and 'Credentials' fields. Below the header, the dashboard is divided into several sections. On the left, a box titled 'Start a New Application' points to the 'What Would You Like to Do Today?' section, which contains links for 'Start a New Application', 'Complete a Screening Survey', 'Submit Common Intake Feedback', 'Check MassHealth Member Status (REVS)', 'Search For MassHealth Applicant', 'Enter Application Inbox', and 'Virtual Gateway Training Materials, FAQs, Newsletters'. Below this, a box titled 'Incomplete Application' points to the 'Incomplete Applications' section, which contains links for 'Incomplete for Yourself' and 'Incomplete applications for EOHHS'. On the right, a box titled 'Search' points to the 'Search For Application' section, which includes fields for 'Application Number', 'Status', 'Created By', 'Last Updated/Submitted Date Range', and a 'Search' button. Below the search section, a box titled 'Application Inbox' points to the 'Create a Report' section, which includes a 'Programs Applied For' dropdown, 'Status', 'Last Updated/Submitted Date Range', and a 'Create' button. The 'Application Inbox' box also contains a bullet point: 'Allows agency workers to view applications submitted by providers'.

**User Name**

**Credentials**

Welcome Intake Trainee40 Current Location EOHHS

**What Would You Like to Do Today?**

- [Start a New Application](#)
- [Complete a Screening Survey](#)
- [Submit Common Intake Feedback](#)
- [Check MassHealth Member Status \(REVS\)](#)
- [Search For MassHealth Applicant](#)
- [Enter Application Inbox](#)
- [Virtual Gateway Training Materials, FAQs, Newsletters](#)

**Incomplete Applications**

- [Incomplete for Yourself](#)
- [Incomplete applications for EOHHS](#)

**Search For Application**

Application Number:

Status:

Created By:

Last Updated/Submitted Date Range:  to

**Create a Report**

Programs Applied For:

Status:

Last Updated/Submitted Date Range:

**Search**

Search existing submitted applications

**Application Inbox**

- Allows agency workers to view applications submitted by providers



## Frequently Asked Questions

**Question:** What should you do when you have a question and you need an answer?

**Answer:** Use the **Frequently Asked Questions** page.

**Frequently Asked Questions link**

**Frequently Asked Questions page**

**Answer to selected question**

**Why can't I edit or add information to my submitted application?**  
You cannot add or edit information within a submitted application. However, you can view the consolidated summary and next steps information by searching for the application and clicking on the application number that you want to view. In order to add or change information, you will need to complete a new application.

Follow these steps to access the **Frequently Asked Questions** page:

Step	Action
1	Click the <b>Frequently Asked Questions</b> link. <i>The Common Intake Form and Screening Tool Frequently Asked Questions page appears.</i>
2	Click a question link. <i>You are automatically directed to the answer.</i>



## Initiating an Application through the Dashboard

Applications are initiated from the Common Intake Dashboard. From the Dashboard, click [Start a New Application](#) to access the **Common Intake** page.

*The Common Intake Application is started.*

## Common Intake Navigational Basics

The following is an example of a **Common Intake** page highlighting key navigational features.

**Note:** If you suspend an application, you can retrieve it from the **Incomplete Applications** section of the dashboard by clicking the [Incomplete for Yourself](#) link.



## Online Help

Online help is available on each page. Help text is available explaining key questions and the purpose of each page:

**Help** launches online help text in a separate browser window.

The screenshot shows a web form titled "Name and Address". In the top right corner, there is a "Mass.Gov Hon" logo and a "Help" link. A callout box with the text "Click [Help](#)" has an arrow pointing to the "Help" link. The form content includes a "Page Description" and several input fields with instructions:

**Name and Address**

**Page Description:**

This screen collects information about the head of household. If you are completing this application for someone else, answer all questions based on the head of household situation. Click 'Save and Continue' to save the data and advance to the next screen.

**First Name:** Enter the head of household's legal first name. A legal name is what is listed on a Social Security card or birth certificate or is used for all business purposes. Do not enter an alias or a nickname.

**Middle Name:** Enter the head of household's middle name.

**Last Name:** Enter the head of household's legal last name. A legal name is what is listed on a Social Security card or birth certificate or is used for all business purposes.

**Suffix:** Click on the drop-down box and select the suffix of the head of household, if they have one.

**Address Type:** Click on the drop-down box and select whether the applicant's address is permanent or temporary.

**Homeless Indicator:** Check the box if the applicant is homeless.



## Look and Feel of the Common Intake Application

The following diagram illustrates basic features of the Common Intake application.

**Fill-in boxes** are used to input information

**Red asterisk and blue shading** indicate *mandatory* information; field must be complete in order to move forward in the application

**Drop-down boxes** allow you to select information

**Check boxes** are clicked to select

**Navigation buttons** at the bottom of the page are used to save information on the page; they can also be used to return to a previous page

**Brown triangles** indicate information is required but may not always be applicable to the individual or situation

**Virtual Gateway** **Mass.gov**  
Mass.Gov Home Help

**Personal Information**

Please tell us about all the people in the household. In addition please tell us about all of the people who will live together in the housing unit even if they are not in the current household.

First Name:\* Jon Middle Name: Last Name:\* Johnson Suffix:

**Applying for Programs (select all that apply):\***

☒ State-Aided Public Housing ☐ None

**Demographic Information:**

Gender: Male Date of Birth:\* 05 / 05 / 1955

Is this person a veteran of the US military?\*

Service start date:\* 05 / 05 / 1975

Service end date:\* 05 / 05 / 1977

Does this person have a Social Security Number?\*

Social Security Number:\* 209 - 20 - 2092

Ethnicity: Non Hispanic, Non Latino or Non Spanish Ethnicity

**Race (select all that apply):**

☐ American Indian/Alaska Native ☐ Asian

☐ Black/African American ☐ Caucasian/White

☒ Multiracial ☐ Native Hawaiian/Other Pacific Islander

☐ Other ☐ Race Unknown

**What is this person's current situation (select all that apply):\***

☒ At Home ☐ Employed

☐ Full Time Student ☐ Handicapped (mental/physical)

☐ Other ☐ Part Time Student

Save and Add Another

Cancel and Go Back Save and Continue

**Tip:** Use your **Tab** key to move logically from field to field.



## Look and Feel of the Common Intake Application (Continued)

The following is an example of how error messages display on the page.

The screenshot shows the Virtual Gateway application interface. At the top, there is a header with the 'Virtual Gateway' logo on the left and the 'Mass.gov' logo on the right. Below the header, there are navigation links for 'Mass.Gov Home' and 'Help'. A red error message is displayed at the top of the main content area: 'M0021: Error. You may only enter 'Date Moved Out' if 'Address Information' is 'not your current Address.''. Below the error message, there is a sidebar on the left with a blue header 'App#: 125051' and a yellow background. It contains the text 'User: Jill True', 'Location: EOHHS', and two blue links: 'Suspend Application' and 'Cancel Application'. Below the sidebar, there is a blue header 'Household Members'. The main content area has a blue header 'Residence Information' and a section titled 'Please tell us about the household's current address:'. Below this, there is a warning message: 'WARNING: This application will be deemed incomplete unless a minimum of five years previous residence information is provided.' and a section titled 'Address Information:' with the text '2098 Main ST' and 'Boston, MA 02114'.

Error messages appear at the top of the page in red. Read the error message to identify what you need to correct, make the changes, and click **Save and Continue** to save your changes.

The following table provides information about intake and screening buttons.

Button	Functions
	Saves the information on the page and clears the fields to allow a new record to be added.
	Goes to summary page for previous module without saving the data on the current page.
	Saves the information on the page and proceed to the next screen.
	Prints the current page or form using your browser's print function.





## Look and Feel of the Common Intake Application (Continued)

Clicking the **Cancel and Go Back** button navigates you to a summary page for the current section.

**Add Another** adds another record of this type

**Remove** deletes a record

**Edit** returns you to the entry page to make changes

Summaries can also be accessed through links for completed sections

**App#: 125051**

User: Jill True

Location: EOHHS

[Suspend Application](#)

[Cancel Application](#)

☒ [Initiate Application](#)

☒ [Personal Information](#)

☒ [Income Information](#)

☒ [Expense Information](#)

☒ [Asset Information](#)

☒ [Additional Information](#)

☐ [Submit Application](#)

**Employment and Income Summary**

**Salary/Wage Income Information**

[Add Another](#)

Does anyone in the household currently have salary/wage income (including self-employment)? Yes

Who has salary/wage income? Sara Johnson

Employer Name: KINDERCARE

Employment start date: 05/05/2004

Employer Telephone Number: 617-555-1616

**Employer Address:**

PO Box:

Street Number: 22

Street Name: Straight

Suffix:

Street Type: Manor

Unit:

City: Boston

State: Massachusetts

Zip Code: 02111

Wage Type: Wages

Pay Period: Bi-weekly (every two weeks)

Salary/Wage or net self-employment income amount including tips: 241.00

[Remove](#) [Edit](#)

**Other Income Information**

[Add Another](#)

Does anyone in the household have other income? Yes

Who has other income? Jon John

Other Income Category (Alimony, Pensions, and Annuities etc.): Social Se

Other Income Type: Social Se

Payment Period: Monthly

Amount of other income: 221.00

[Remove](#) [Edit](#)

**Cancel and Go Back** **Save and Continue**



## Look and Feel of the Common Intake Application (Continued)

The following page illustrates additional information that may be required, based on how you respond to certain questions.

The screenshot shows the 'Virtual Gateway' header with the 'Mass' logo and a 'Mass.Gov Home' link. On the left, a sidebar displays 'App#: 125051', 'User: Jill True', and 'Location: EOHHS'. The main section is titled 'Expense Information' and contains the question 'Does anyone in the household have expenses?\*' with a 'Yes' dropdown menu. At the bottom are two buttons: 'Cancel and Go Back' and 'Save and Continue'.

For example, the additional questions below display when you select **Yes** to the above expense question.

This screenshot shows the 'Expense Information' form with the 'Yes' dropdown selected for the initial question. Below it, several additional questions are displayed: 'Who has expenses?\*' with a dropdown showing 'Jane Doe'; 'Expense Category:\*' with a dropdown showing 'Medical'; 'Expense Type:\*' with a dropdown showing 'Prescriptions/Medication'; 'Payment Period:\*' with a dropdown showing 'Monthly'; and 'Expense Amount:\*' with a text input field showing '\$ 80'.



## Chapter 2: Housing Assistance Provider Tips for State Aided Family Public Housing E-Application

---

### Introduction

Housing Assistance Providers can submit family housing applications electronically using the Virtual Gateway Common Intake application. Regulations for the Housing applications are not impacted by the electronic process. However, some of the steps surrounding the application process are impacted.

Refer to the Business Process Reference Guide (BPRG) for a description of the business process for an e-application. The BPRG includes a process flow chart that provides a high-level overview of the process flow and the entities involved in each step.

---

### Before You Begin

The e-application allows a HAP to complete an application for state-aided public housing on behalf of an applicant. The application will take several minutes to complete depending on the number of people in the household.

The e-application requires detailed answers to questions. Information must be available to answer the questions before beginning the on-line process. The e-application does not allow for the skipping of questions. Questions must be answered in chronological order prior to moving forward. If an answer is not available, the e-application will have to be suspended. The e-application can remain in a suspended status up to 60 days. If the e-application is not completed within this timeframe, it will be deleted. **The Personal Information Checklist has been provided to assist the applicant in gathering the necessary information. Further, an individual General Authorization for Collection and Release of Information (Electronic Application) Rights Under c. 66A (FIPA) must be executed by the applicant and any member of the household that is 18 years of age or older or any emancipated minor, and witnessed by the Provider prior to beginning the e-application process.**

---



---

## **HAP and Applicant Steps**

- HAP provides applicant with Personal Checklist and FIPA form and set-up a time for applicant to return
  - Applicant provides information requested to HAP
  - HAP reviews, witnesses the FIPA form(s) or if HAP user cannot witness all adult household member(s) signature then an alternate HAP person or shelter staff member can provide the witness signature, and indicate “N/A” for User ID.
  - HAP maintains the original of the FIPA form(s) in the applicant’s file
  - HAP maintains copy(ies) of any information the applicant has provided in the applicant’s file
  - HAP and applicant begin the e-application process
  - HAP prints the E-Application Summary, reviews it with the applicant, edits (if necessary)
  - HAP and applicant sign each page of the E-Application Summary
  - Applicant signs the Statement of Rights and Responsibilities on the Electronic Signature Page, and the HAP signs as a witness
  - HAP submits the e-application on behalf of the applicant. The e-application will be delivered to all Local Housing Authorities chosen by the applicant.
  - HAP prints the Confirmation of Submittal and Next Steps. This document provides an explanation of the types of verification that are needed for priority and preference status as well as income, expenses, and assets. The HAP reviews the document with and provides it to the applicant, explaining that applicant must return with the necessary verification(s) within 14 calendar days
  - Applicant brings HAP the necessary verification(s)
  - HAP reviews verification(s) and photocopies the documents in sufficient quantity to send to each local housing authority to which HAP and applicant put together the necessary paper work, which includes:
    - a photocopy of the signed E-Application Summary,
    - a photocopy of the signed Statement of Rights and Responsibilities on the Electronic Signature Page,
    - a photocopy of the signed FIPA form(s), and
    - a photocopy of all required verifications
  - For an e-application to be complete, the above information must be sent first class through the U.S. Postal Service Surface Mail to each local housing authority to which an e-application has been submitted. The postmark must be within 3 business days of the end of the 14 calendar days.
-



## HAP and Applicant Steps (Continued)

- HAP includes a completed Cover Page (sample below) for each Housing Authority, indicating which forms are included in the mailing.
- HAP provides an addressed stamped envelope for each local housing authority. The HAP and the applicant ensure the required documents are placed in the envelope and mailed.

### Sample Cover Page:

<b>VIRTUAL GATEWAY</b> Common Intake Electronic Housing Application Cover Sheet		Application Date: _____  Virtual Gateway Application Number: _____
<b>Provider Information</b>		<b>Applicant Information</b>
Provider Organization: _____		Name: _____
HAP Worker Phone No: _____		DOB: _____
HAP Worker Name: _____		

**Please include this cover sheet when mailing\* any documents to a Local Housing Authority.**  
**\*Mail by First Class U.S. Postage Surface Mail**

Place a checkmark (✓) in the appropriate space below identifying the attached verification(s) or signature page(s).

**Application and Supporting Documents**

\_\_\_ General Authorization for Collection and Release of Information (Electronic Application) Rights Under c. 93A (FIPA)—one form for each adult member or emancipated minor in the household

\_\_\_ Application summary—signed by applicant and witnessed by provider

\_\_\_ Electronic Signature Page (State Aided Housing Rights and Responsibilities)—signed by applicant and witnessed by provider

**Verifications in Support of Electronic Application:**

\_\_\_ Names

\_\_\_ Address

\_\_\_ Priority and preference status

\_\_\_ Handicap status

\_\_\_ Income

\_\_\_ Assets

\_\_\_ Medical Expenses

\_\_\_ Other supporting documentation

**Other: (please explain)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The attached documents may contain information that is privileged, confidential, or exempt from disclosure under applicable law (is intended for the use of only the individual or department to which it is addressed). Anyone who has been denied receipt is hereby notified that any dissemination, distribution, or copying of these materials is strictly prohibited.



---

## Important Features

Information entered in this application is secure. This application is entered into https (a secure network), meaning that all electronic communication is encrypted. Encryption is a method of scrambling a message so others cannot read it. Additionally, important key information is stored in a database in encrypted form, and access to the database is carefully protected.

The system will assign an Application Number. This number is the Virtual Gateway Application Number not the Control Number that will be issued by a local housing authority. There will be a separate and unique Control Number issued by each local housing authority to which an e-application has been submitted.

The applicant will be asked to accept the terms of the e-application and to certify under pains and penalties of perjury that the information provided is true and correct. If the applicant provides false information, it may lead to rejection of the application or disqualification.

If the Provider is unable to complete this application online on behalf of an applicant and the applicant wants to file an application for state-aided public housing, the applicant can call or go to a local housing authority of the applicant's choice to obtain an application; or can download an application from the DHCD web site ([www.mass.gov/dhcd](http://www.mass.gov/dhcd)).

Based on the information entered, the system will determine the number of bedrooms for which the applicant is eligible. If the applicant is willing to occupy a unit with fewer bedrooms than indicated, the applicant may contact a local housing authority of the applicant's choice to discuss their particular circumstances. Clicking on the link [Listing of All Local Housing Authorities](#), contact information will appear.

Part of this application process is the applicant's selection of a region or zip code area to which the applicant is interested in applying for housing. Based on this selection, the system will provide a list of local housing authorities with an open waiting list that have state-aided public housing units that meet the requirements of the applicant household size. This does not mean that there are units available at this time. It means that an application can be filed. The applicant should not make plans to move.

**The applicant should only apply in communities that the applicant and applicant household are willing to live.** Refusal of a unit offer will affect their status and may adversely affect the applicant's ability to obtain a state-aided public housing unit.

---



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Based on information provided in the e-application as well as supporting documentation submitted to the local housing authority(ies), each local housing authority will determine eligibility and qualification status as well as which priority and preference(s) applies in accordance with DHCD regulations at 760 CMR 5.00, Eligibility and T Selection. Criteria.

A unit offer made by one of the local housing authorities selected is considered to be an appropriate unit offer to the applicant. If an applicant has been determined to have Priority homeless status, and the applicant refuses the unit offer without substantial cause, the applicant will lose all priority and preference status on all local housing authority waiting lists for which he or she has applied, resulting in the applicant being a Standard Applicant without any preference received on the Priority application. The applicant cannot be granted the same priority or preference status on a new application for a period of three (3) years.

If an applicant is determined to be a Standard applicant, and he/she refuses a unit offer, the application will be removed from the waiting list where the unit offer was made. The applicant will not be eligible in this community for priority or preference received on the prior application for a period of three (3) years.

It is the applicant's responsibility to inform all local housing authorities where the applicant has applied of any changes (such as address, contact information, or household composition).

---



Notes:





## Chapter 3: Common Intake Data Collection Tool

### Introduction

The Common Intake application has seven modules that must be completed. This chapter walks you through each module. The seven modules are:

- Initiating the application
- Entering personal information
- Entering income information
- Entering expenditure information
- Entering asset information
- Entering additional information
- Submitting the application

### Getting Started

Let's get started:

Click the **Start a New Application** link.

The screenshot shows the Virtual Gateway application interface. At the top, there's a header with 'Virtual Gateway' and 'Mass.gov'. Below the header, there's a navigation bar with 'Mass.Gov Home' and 'Help'. The main content area is divided into two columns. The left column, titled 'What Would You Like to Do Today?', contains several links: 'Start a New Application' (highlighted with an arrow), 'Complete a Screening Survey', 'Submit Common Intake Feedback', 'Check MassHealth Member Status (REVS)', and 'Search For MassHealth Applicant'. The right column, titled 'Search For Application', contains a search form with fields for 'Application Number', 'Status' (dropdown menu), 'Created By' (dropdown menu), 'Last Updated/Submitted Date Range' (date pickers), and a 'Search' button.

*The Online Application for Services page appears.*



## Choose Services: Initiating Application Module

The following is an example of the **Online Application for Services** page.

Don Schneidman  
EOHHS  
[Application](#)

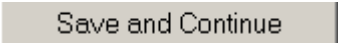
**Welcome to the Online Application for Services**

You have chosen to apply online for one or more of the social services offered through this website. Click on the appropriate link for information about a specific type of service.

Please select the services for which the entire household is applying for and click on the 'Save and Continue' button:

☐ [State-Aided Public Housing](#)

Select **State-Aided Public Housing** by clicking the check box.

Click .

*The **Privacy Information** page appears.*

## Choose Services: Initiating Application Module (Continued)

The **Privacy Information** page must be printed and signed by the applicant and witnessed by the provider:

**Privacy Information**

**General Authorization for Collection and Release of Information (Electronic Application)**

**Rights Under c. 66A (FIPA)**

The Massachusetts Fair Information Practices Act (FIPA), G.L. c. 66A §§ 1 - 3, provides that individuals have a variety of rights when a government agency collects and uses "personal data" regarding the individual in a program. At the same time the law imposes various responsibilities on the agency which collects and uses the personal data.

In Massachusetts, Local Housing Authorities (LHAs) administer the State-Aided Public Housing program under supervision of the Department of Housing and Community Development. Applicants submit applications to the LHAs and provide personal data about themselves and their household members in order to permit the LHAs to find that applicants and their household members are eligible for State-Aided Public Housing and that they have not engaged in disqualifying past behavior. In addition to personal data provided by applicants and their household members, the LHAs also seek out additional personal data relevant to the findings which the LHAs must make.

A written paper application may be made directly to an LHA or an application may be made to one or more LHAs electronically. Both the paper and electronic applications will contain personal data and before making any decision on an application, the housing authority will be required to secure additional relevant personal data about the applicant and his, her or their household. In order to collect and hold such personal data, the LHA(s) need authorization from the applicant and each household member.

In order to submit an electronic application, an applicant provides information, including personal data into an electronic application on a computer system operated by the Massachusetts Executive Office of Housing Assistance.

Housing Assistance Provider Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ VG User # \_\_\_\_\_

To print this screen, click the Print button or go to the File menu and select Print.



**Choose  
Services:  
Initiating  
Application  
Module**  
(Continued)

The **Assisting Person Information** page collects information about a non-household member helping to provide data.

**Note:** You, the provider, are not considered an “assisting person.” An assisting person is someone who is not part of the household that is assisting the applicant in providing information (e.g., an interpreter).

The following is an example of the **Assisting Person Information** page.

The screenshot shows the 'Assisting Person Information' page. On the left, a sidebar displays the user 'Jill True' at 'EOHHS' with a 'Cancel Application' link. The main form area is titled 'Assisting Person Information'. It includes a dropdown for 'Who is providing information?' set to 'Assisting Person'. Below this are fields for 'Assisting Person Name' (First Name, Middle Name, Last Name, Suffix) and 'Address' (PO Box, Street Number, Street Name, Street Type, Unit, City, State, Zip Code). A 'Relationship of this person to the head of the household' dropdown is also present. At the bottom, there is an 'Additional Information' section with a 'Day/Work Telephone Number' field. 'Cancel and Go Back' and 'Save and Continue' buttons are at the bottom right.

If the person providing information is a Household Member, no other information is needed on this page.

This screenshot shows the same 'Assisting Person Information' page, but the 'Who is providing information?' dropdown is set to 'Household Member'. The form fields for name and address are no longer visible, and the 'Cancel and Go Back' and 'Save and Continue' buttons remain at the bottom.



## **Personal Information Module**

The Personal Information module collects the following information for the household:

- Name and current address for the ‘Head of Household’ (typically the main contact for the household—the person receiving and responding to mail and phone calls regarding the application)
- Personal Information for each member of the household
- Emergency Housing Information to qualify for priority housing
- Selection of Local Housing Authority locations
- Residence information—current residence and history for the past 5 years for each household member
- Previous Housing Assistance information, if applicable

Information is required for each household member that plans to live in the state-aided housing unit.

---



## ***Head of Household Name and Address***

The **Name and Address** page establishes a head of household or main contact for the application. The application is filed by this name.

**Note:** The head of household is typically the applicant and intends to reside in any provided housing.

The following is an example of the **Head of Household Name and Address** page.

### ***Tips:***

- A unique Virtual Gateway Application Number is assigned at this step (see upper left corner). This number is a tracking number for the Virtual Gateway application and is not the control number assigned by the Local Housing Authority.
- Refer to the online **Help** (link at top of page) for information about the page or detailed information/definitions about fields and field choices.
- Pressing the **Tab** key will move your cursor from question to question.
- Pressing the first letter of an option in the drop-down box cycles that option to the letter (e.g., in the State field, press M to cycle to the first state in the list that starts with M).
- Choices in most drop-down lists are listed alphabetically. Occasionally, frequently used choices will be listed at the top for easier access.



## Personal Information

After the head of household is established, additional information on each member of the household is collected in a series of **Personal Information** pages.

The following is an example of the **Personal Information** page.

App#:125051

User: Jill True

Location: EOHHS

[Suspend Application](#)

[Cancel Application](#)

Household Members

Jon Johnson

### Personal Information

Please tell us about all the people in the household. In addition please tell us about all of the people who will live together in the housing unit even if they are not in the current household.

First Name:\*

Middle Name:

Last Name:\*

Suffix:

Sara

Johnson

Does this person currently reside in the household?\*

Yes

Is this person expected to live in the household unit?\*

Yes

#### Household Relationships:

This person is the\*

Domestic Partner (non-spousal)

of Jon Johnson

#### Applying for Programs (select all that apply):\*

☒ State-Aided Public Housing

☐ None

#### Demographic Information:

Gender:\*

Female

Date of Birth:\*

07 / 07 / 1955

Is this person a veteran of the US military?\*

No

Does this person have a Social Security Number?\*

Yes

Social Security Number:\*

209 - 22 - 2092

Ethnicity:

Non Hispanic, Non Latino or Non Spanish Ethnicity

#### Race (select all that apply):

☐ American Indian/Alaska Native

☐ Asian

☐ Black/African American

☐ Caucasian/White

☐ Multiracial

☐ Native Hawaiian/Other Pacific Islander

☐ Other

☒ Race Unknown

#### What is this person's current situation (select all that apply):\*

☐ At Home

☒ Employed

☐ Full Time Student

☐ Handicapped (mental/physical)

☐ Other

☐ Part Time Student

Save and Add Another

Cancel and Go Back

Save and Continue

**Tip:** Ethnicity, Race, and Current Situation are factors in the state-aided housing application eligibility process. It is to the applicant's advantage to complete these fields.



## Personal Information (Continued)

Follow these steps to collect personal information for an applicant:

Step	Action
1	Enter name of household member.
2	Select the <b>State-Aided Public Housing</b> check box.
3	Enter demographic information.
4	Click <b>Save and Add Another</b> if there are other household members to be added to the application.
5	Otherwise, click <b>Save and Continue</b> .

The application collects additional information on convictions or pending criminal matters.

The following is an example of the **Additional Personal Information** page.

Virtual Gateway Mass.gov

[Mass.Gov Home](#) [Help](#)

**App#: 125051**

User: Jill True  
Location: EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

**Household Members**

- Jon Johnson
- Sara Johnson

**Additional Personal Information**

Has anyone in the household been convicted of a felony or misdemeanor? Yes

Person convicted of felony or misdemeanor: Please explain:

☐ Jon Johnson

☒ Sara Johnson Petty theft

Does anyone in the household have any criminal matters pending? Yes

Person with criminal matters pending: Please explain:

☐ Jon Johnson

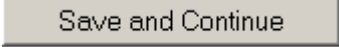
☒ Sara Johnson Court date 11-12-06

**Cancel and Go Back** **Save and Continue**



---

Follow these steps to collect additional personal information:

Step	Action
1	Indicate whether a household member has a conviction or criminal matter pending.
2	If the answer is “Yes,” complete required fields.
2	Click  .

*The Emergency Housing Information page displays.*

---





## Emergency Housing Information

To be eligible for priority status the household must be "homeless." Use the **Emergency Housing Information** page to indicate the homeless status of the household. You will be prompted with additional emergency housing questions if you respond 'Yes' to the first question:

*Is the household without a place to live or is the household in a living situation in which there is a significant, immediate, and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size?*

**Note:** An applicant living in a shelter is considered without a place to live.

The responses to these questions are reviewed by receiving Local Housing Authorities and are extremely important in determining the priority status of an application. It is recommended that the applicant provide detailed supportive information for each question. If the question appears to be not applicable, explain *why* it is not applicable.

App#:125051

User: Jill True

Location: EOHHS

[Suspend Application](#)

[Cancel Application](#)

Household Members

Jon Johnson

Sara Johnson

Emergency Housing Information

**Note:** To be eligible for priority status the household must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat to life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons: Natural Forces (i.e. Fire, Flood, Earthquake); Urban Renewal, Eminent Domain; Condemnation of Home, Code Violations; No-fault, Severe Medical, or Abusive Situation.

Is the household without a place to live or is the household in a living situation in which there is a significant, immediate, and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size?\*

Please explain:\*

Living in shelter where safety has been threatened

Has the household made reasonable efforts to locate alternative housing?\*

Yes

Please explain:\*

No transportation, need to be near work, no other shelters close to employment or on transportation line

Has the household caused or substantially contributed to the safety or life threatening situation?\*

No

Please explain:\*

Keep to ourselves

Has the household pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies?\*

Yes

Please explain:\*

No. Police cannot arrest for only threats.

Is the household displaced from the residence in which the applicant household lived at least nine months of the year?\*

Yes

Please explain:\*

Lost mortgage after living there 2 years

When did the household become, or will become displaced from the primary residence?\*

06 / 2006

**Note:** If the household is homeless and qualifies for priority status, the household may choose to be considered a resident of either the city/town from which the household was displaced, or a resident of the city/town in which the household is temporarily residing.

Please provide the name of the community in which the household chooses to be declared a local resident for the purposes of tenant selection:\*

Allston

Cancel and Go Back

Save and Continue



***Emergency  
Housing  
Information***  
(Continued)

Follow these steps to complete the **Emergency Housing Information** page:

Step	Action
1.	Respond 'Yes' or 'No' to the initial homeless question. <b>Note:</b> An applicant living in a shelter is considered without a place to live.
2.	Complete any additional homeless questions. <b>Note:</b> Use the <b>Please explain</b> fields to provide supporting information for each question. These fields are limited to 250 characters. Be sure to include pertinent information in each field that supports the question.
3.	Indicate the date (month and year in a <i>mm yyyy</i> format) that the family was displaced from the primary residence.
4.	Select the city or town in which the household chooses to be declared a local resident for the purposes of tenant selection. <b>Note:</b> If the household is homeless and qualifies for priority status, the household may choose to be considered a resident of either the city/town from which the household was displaced, <b>or</b> a resident of the city/town in which the household is temporarily residing. Applicants get local shelter preference in their town of residence.
5.	Click <span>Save and Continue</span> .



## Additional Housing Information

The *Additional Housing Information* page will display.

**App#:**125051

**User:** Jill True

**Location:** EOHHS

[Suspend Application](#)

[Cancel Application](#)

**Household Members**

**Jon Johnson**

**Sara Johnson**

**Additional Housing Information**

Has anyone in the household received housing assistance from any housing agency?\*

Select the type(s) of housing in which the household is interested:\*

☒ Family

Does the household have any special needs due to disability or need a reasonable accommodation such as a first floor unit for medical reasons?\*

Please explain:\*

Recent hip surgery requires crutches for the next 3-4 months

Does the household need a wheelchair accessible apartment?\*

Does the household have any pets?\*

How many pets?\*

Type of pet(s):\*

Cancel and Go Back

Save and Continue

Follow these steps to complete additional housing information for the household:

Step	Action
1.	Indicate if any household member has received housing assistance from any housing agency (state, federal, etc.). <b>Note:</b> Details about the type of assistance received and by whom will be required later in the application process.
2.	Complete remaining additional housing questions.
3.	Click  .

The *Choose Local Housing Authority* page displays.



## Local Housing Authority Selection

Applicants choose which Housing Authorities receive their application.

**Important:** Applicants can choose to have their application submitted to as many Housing Authority locations as desired. However, applicants should only select locations where they are interested in living. If they are offered housing in a location and decline, they will lose their priority status at all other LHAs where they have applied.

The number of bedrooms for the unit is based on the demographics of the household in the application (ages, gender, relationship, etc.) and will display when you search for available housing authorities.

Based on the above search criteria and the household information entered during the application process, the household qualifies for a 3 bedroom unit, determined in accordance with DHCD regulations. Within the area of the selected search criteria, the following Local Housing Authorities are currently accepting applications for housing units with the previously mentioned bedroom count.

Search by region **or** by zip code and radius (not both) to view a subset of available Housing Authorities that have an open waiting list for housing units with the required number of bedrooms.

Follow these steps to locate and select housing authorities:

1. Select a Region **OR** enter a Zip Code and Radius for the area where the household would like to submit their housing application.



## Local Housing Authority Selection (Continued)

- Click **Search**. A list of Housing Authorities appears.

**Note:** This list includes housing authorities in the specified area that have an open waiting list and the number of bedrooms for which the applicant is eligible.

- Click check box(es) to select desired Housing Authorities.

**Note:** You can select locations from the results and conduct additional searches to select locations in other areas. Your original selections will remain in the list. To remove a selection, click the check box to deselect it before conducting an additional search or before selecting *Save and Continue*.



**Local Housing  
Authority  
Selection**  
(Continued)

4. Select **Save and Continue** or conduct additional searches to select additional Housing Authorities in other areas.

**Residence  
Information**

Residence Information pages collect information on where each of the household members has lived for the past five years.

The following is an example of the **Residence Information** page.

App#: 125051  
User: Jill True  
Location: EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

Household Members  

Jon Johnson

Sara Johnson

**Residence Information**

Please tell us about the household's current address:

WARNING: This application will be deemed incomplete unless a minimum of five years previous residence information is provided.

**Address Information:**

2098 Main ST  
Boston MA 02111

Who has lived at this residence address?\*

☒ Jon Johnson  
☐ Sara Johnson

Who was the primary leaseholder or head of household at this residence?\*

Other

**If other, please specify:**

First Name:\* Middle Name: Last Name:\* Suffix:  
Ace Street Shelter

Date Moved In:\* 06 / 2006  
Date Moved Out: /

**Landlord/Owner Information:**

First Name:\* Middle Name: Last Name:\* Suffix:  
Raul Sirrak

Daytime Telephone Number: 617 555 1414

**Landlord/Owner Address:**

Street Number: Suffix:  
Street Name: Street Type: Unit:  
City: State: Zip Code: -

Did this landlord bring any court action against the leaseholder or any of its household members?\*

Not Applicable

Did this landlord return the security deposit?\*

Not Applicable

Click 'Save and Add Another' if this person or any other household member has had any other residence with in the past 5 years.

Save and Add Another

Cancel and Go Back Save and Continue



**Residence  
Information**  
(Continued)

Follow these steps to enter residence information:

Step	Action
1	Indicate who in the household lives at current residence.
2	Complete required information.
3	Click <b>Save and Add Another</b> if the applicant has lived at other addresses within the last five years. Complete required information about all addresses.
4	When all addresses have been entered, click <b>Save and Continue</b> .

On the **Additional Housing Information** page, the applicant was asked whether anyone in the household has received housing assistance in the past. If the answer was “yes,” the **Previous Housing Assistance Information** page appears. The following is an example of this page.

**Previous Housing Assistance Information**

Who in the household received previous housing assistance?\*

Name of primary leaseholder at the time of receiving housing assistance.\*

Relationship of the primary leaseholder to the household person who received previous housing assistance?\*

Name of housing agency:\*

Reason moved out:\*

Was the household in compliance with the lease and other program requirements when moving out?\*

**Save and Add Another**

**Cancel and Go Back** **Save and Continue**

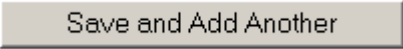

Use the following steps to complete the **Previous Housing Assistance Information** page:



## ***Residence Information***

*(Continued)*

---

Step	Action
1	Complete all required fields.
2	Click  if there is more than one instance of receiving housing assistance.
3	Click  .

---





## Income Information Module

When personal information is complete, income and other financial information is entered.

The following is an example of the **Salary Wage Income Information** page.

**Salary Wage Income Information**

Does anyone in the household currently have salary/wage income (including self-employment)?\*
 

Yes

Who has salary/wage income?\*
 

Jane Doe

Employer Name:\*
 

OTHER

If other, please specify:\*
 

Daylight Daycare

Employment start date:\*
 

11 / 10 / 2004

Employer Telephone Number:\*
 

617 444 4444

**Employer Address:**

PO Box:

Street Number:\*
 

15

 Suffix:

Street Name:\*
 

Sun

 Street Type:
 

Street

 Unit:

City:\*
 

Brighton

 State:\*
 

Massachusetts

 Zip Code:\*
 

02135

 -

Wage Type:\*
 

Wages

Pay Period:\*
 

Weekly

Salary/Wage or net self-employment income amount, including tips:\*
 

\$ 100.00

Follow these steps to collect salary wage income information:

Step	Action
1	Click the drop-down box to select “Yes” if anyone in the household has income from a salary or wage (has a job).
2	Indicate who generates the income.
3	Enter required information.
4	Click <b>Save and Add Another</b> if the applicant has more than one job or another household member has a job.
5	When all household salary and wages have been entered for all household members, click <b>Save and Continue</b> .



## Income Information (Continued)

Household income that is received from a source other than a job (e.g., social security, child support, pension) is entered on the **Other Income Information** page.

The following is an example of this page.

**Other Income Information**

Does anyone in the household have other income?\*

Yes

Who has other income?\*

Jane Doe

Other Income Category:\*

Other Income

Other Income Type:\*

Child Support

Payment Period:\*

Monthly

Amount of other income:\*

\$ 70

Save and Add Another

Cancel and Go Back

Save and Continue

Follow these steps to collect other income information:

Step	Action
1	Select “Yes” if there is another income source other than salary/wage income.
2	Indicate who receives other income.
3	Enter required information.
4	Click <b>Save and Add Another</b> if the applicant has multiple jobs or another household member hold a job.
5	When all sources of other income have been entered, click <b>Save and Continue</b> .



**Income  
Information**  
(Continued)

Examples of Other Income categories and types:

Other Income Category	Other Income Type
<b>Alimony Received</b>	<ul style="list-style-type: none"> <li>Alimony</li> </ul>
<b>Capital Gains</b>	<ul style="list-style-type: none"> <li>Capital Gains</li> </ul>
<b>Ordinary Dividends</b>	<ul style="list-style-type: none"> <li>Dividend Income</li> </ul>
<b>Pensions and Annuities</b>	<ul style="list-style-type: none"> <li>Annuities</li> <li>Employment Related Pension</li> <li>Federal Civil Service Pension</li> <li>Local Government Pension</li> <li>Military Pension</li> <li>Private Pension</li> <li>Railroad Retirement</li> <li>Retirement Income</li> <li>State Pension</li> <li>Other Pensions</li> </ul>
<b>Rental real estate, royalties, partnerships, S corporations, trusts, etc.</b>	<ul style="list-style-type: none"> <li>Rental Income</li> <li>Boarder Income</li> <li>Roomer Income</li> <li>Royalties</li> <li>Trust Income</li> <li>Indian Land Trust</li> </ul>
<b>Social Security Benefits</b>	<ul style="list-style-type: none"> <li>Social Security including Retirement Survivors Disability Insurance (RSDI) and Social Security Disability Insurance (SSDI)</li> <li>Social Security Income (SSI)</li> <li>SSI Emergency Advance</li> </ul>
<b>Taxable interest/Tax-exempt interest</b>	<ul style="list-style-type: none"> <li>Interest Income</li> </ul>
<b>Taxable refunds, credits, or offsets of state and local income taxes</b>	<ul style="list-style-type: none"> <li>Income Tax Refund</li> </ul>
<b>Unemployment Compensation</b>	<ul style="list-style-type: none"> <li>Unemployment Compensation</li> </ul>



**Income  
Information**  
(Continued)

Other Income Category	Other Income Type
<b>Veteran or VA Income</b>	<ul style="list-style-type: none"><li>• VA Federal Non Service Related</li><li>• VA Federal Service Related</li><li>• VA State Issued by the City or Town (needs-based)</li><li>• Veterans Admin Compensation</li><li>• Veterans' Admin Pension</li><li>• Veterans' Benefits State Annuity (not needs-based)</li><li>• Veterans' Benefits Pay Reduction</li><li>• Veterans' Federal Aid and Attendance</li><li>• Veteran's Federal Enhanced Benefits</li><li>• Veterans' Federal Household Benefits</li><li>• Veterans' Federal Unreimbursed Medical Expenses</li></ul>
<b>Other Income</b>	<ul style="list-style-type: none"><li>• Adoption Assistance</li><li>• Assistance Payments</li><li>• Black Lung</li><li>• Child Care Value</li><li>• Child Support</li><li>• Contribution</li><li>• DEFRA Child Support Payment</li><li>• Disability Benefits</li><li>• Donation</li><li>• EAEDC</li><li>• Education Assistance</li><li>• Elderly Nutrition Program</li><li>• Energy Assistance</li><li>• Experimental Housing Allowance</li><li>• Food Stamp Attributed Amount</li><li>• Foster Care Payments</li><li>• Foster Parent Income</li><li>• Free Household Expenses</li><li>• Gambling Winnings</li></ul>



**Income  
Information**  
(Continued)

Other Income Category	Other Income Type
<b>Other Income, Continued</b>	<ul style="list-style-type: none"> <li>• Gifts above \$2,000</li> <li>• Government Grant Program</li> <li>• Housing Subsidy</li> <li>• Indian Child Welfare Assistance</li> <li>• Indian Old Age Assistance</li> <li>• Indian Restricted Land</li> <li>• Loan (Non Educational)/Income</li> <li>• Loan (Non Educational)/Lump Sum</li> <li>• Long Term Disability Insurance</li> <li>• Lottery Winnings</li> <li>• National Guard Income</li> <li>• Older American Act Funds (not wages)</li> <li>• PASS</li> <li>• Payments for Separate Support</li> <li>• Payments to Seneca Nation</li> <li>• Recouped Child Support</li> <li>• Recouped Monies</li> <li>• Refund</li> <li>• Reverse Mortgage</li> <li>• Service to Public Housing</li> <li>• Social Service Agency Payment</li> <li>• Spousal Maint Needs Allowance</li> <li>• Strike Benefits</li> <li>• Support</li> <li>• TAFDC</li> <li>• TAFDC Supplemental</li> <li>• Training Allowance</li> <li>• Training Stipend</li> <li>• Volunteer Payment</li> <li>• Worker's Compensation</li> <li>• Other</li> </ul>



## Expense Information Module

Information can be entered on the **Expense Information** page for a variety of expenses, including education, medical, insurance, and household expenses.

The following is an example of this page.

**Expense Information**

Does anyone in the household have expenses?\*

Yes

Who has expenses?\*

Jane Doe

Expense Category:\*

Medical

Expense Type:\*

Prescriptions/Medication

Payment Period:\*

Monthly

Expense Amount:\*

\$ 80

Save and Add Another

Cancel and Go Back

Save and Continue

Follow these steps to collect expense information:

Step	Action
1	Click the drop-down box and select “Yes” if household members have expenses.
2	Click the drop-down box and select who has expenses.
3	Enter expense details.
4	Click <b>Save and Add Another</b> if there are additional expenses for the applicant or any other household member.
5	When all expenses have been entered, click <b>Save and Continue</b> .



**Expense  
Information  
Module**

*(Continued)*

Examples of Expense categories and types:

Expense Category	Expense Type
<b>Dep. Care</b> (Dependent care costs are monies you pay for the care of a child(ren) or adult household member so that you can work or attend training for work.)	<ul style="list-style-type: none"> <li>• IECC – Income Eligible Child Care through the Massachusetts Office for Children</li> <li>• Non IECC</li> </ul>
<b>Disability</b> (If any household member has a certified disability, the amount paid for certain expense may be deducted from household income.)	<ul style="list-style-type: none"> <li>• Housekeeping/Personal Care Services</li> <li>• Transportation</li> </ul>
<b>Education</b> (For State-Aided Public Housing, certain education expenses associated with costs of vocationally related post-secondary education of a household member who is not a full-time student may be deducted from household income.)	<ul style="list-style-type: none"> <li>• Tuition</li> <li>• Fees</li> </ul>
<b>Household</b> (Household shelter expenses include monies you regularly pay for your home. For homeowners household expenses include mortgage, taxes, insurance, and condo fees. For renters, household expenses include rent.)	<ul style="list-style-type: none"> <li>• Rent</li> <li>• Mortgage Principal</li> <li>• Mortgage Interest</li> <li>• Non-cosmetic repairs/maintenance within last 12 months</li> <li>• Property Taxes</li> <li>• Home Insurance</li> <li>• Residence Loan</li> <li>• State and Local Assessments</li> <li>• Condo or co-op fee</li> <li>• Rental agency fee</li> <li>• Trash collection</li> </ul>



**Expense  
Information  
Module**

*(Continued)*

Expense Category	Expense Type
<b>Insurance</b> (For Food Stamps, if you or anyone in your household is age 60 or older or has a certified disability, the amount you pay for health insurance can be deducted from your income as a medical expense.)	<ul style="list-style-type: none"><li>• AETNA</li><li>• Blue Cross</li><li>• Fallon</li><li>• Federal includes Medicaid or Medicare</li><li>• Harvard Pilgrim</li><li>• Health Care &amp; Union</li><li>• HMO Blue</li><li>• John Hancock</li><li>• Kaiser Permanente</li><li>• Liberty Mutual</li><li>• Met Life</li><li>• Prudential</li><li>• Travelers</li><li>• Tufts</li><li>• Other (Insurance)</li></ul>
<b>Medical</b> (For Food Stamps, if you or anyone in your household is age 60 or older or has a certified disability, the amount you pay for medical expenses can be deducted from your income as a medical expense.)	<ul style="list-style-type: none"><li>• Dentures, Hearing, Prosthetics - Includes cost for hearing aid batteries</li><li>• Hospitalization</li><li>• Maintaining an Attendant</li><li>• Mass Health Recipient Expenses</li><li>• Medical and Dental Care - Charges or co-payments for services</li><li>• Medical Supplies</li><li>• Prescription Eye Glasses</li><li>• Prescriptions/Medications - Cost of prescriptions or co-payments for drugs</li><li>• Seeing Eye Dog/Hearing Dog - Costs for food and veterinary bills</li><li>• Transportation/Lodging - Cost for traveling to medical appointments/treatment</li><li>• Other (Medical)</li></ul>





**Expense  
Information  
Module**  
(Continued)

Expense Category	Expense Type
<b>Support</b> (Legally obligated—court ordered—child support payments made to someone not living with you can be subtracted from your income.)	<ul style="list-style-type: none"><li>• Alimony</li><li>• Spousal</li><li>• Other</li></ul> Child Support payment Types: <ul style="list-style-type: none"><li>• Child Support</li><li>• Arrearage</li></ul>



## Asset Information Module

Applicants must report assets of certain types on the **Asset Information** page.

The following is an example of this page.

**Asset Information**

Does anyone in the household have assets?\*

Yes

Who has assets?\*

Jane Doe

Asset Category (Liquid, Holding, Insurance, etc):\*

Motor Vehicle

Asset Type:\*

Other (Motor Vehicle)

Asset Value/Amount:\*

\$ 1500

Vehicle Year of Manufacture:\*

1998

Vehicle Make:\*

Honda

Vehicle Registration Number:\*

ABC123

Save and Add Another

Cancel and Go Back

Save and Continue

Follow these steps to collect asset information:

Step	Action
1	Click the drop-down box, select “Yes” if household members have assets.
2	Click the drop-down box and select who has assets.
3	Enter asset details. <b>Tip:</b> When entering Cash on Hand (Liquid Assets), enter “Not Applicable” in the Institution Name field.
4	Click <b>Save and Add Another</b> if there are additional assets.
5	When all assets have been entered, click <b>Save and Continue</b> .



**Asset  
Information  
Module**

*(Continued)*

Examples of Asset Categories:

Asset Category	Asset Type
<b>Burial</b>	<ul style="list-style-type: none"> <li>• Bank Account – Burial</li> <li>• Burial Contract</li> <li>• Burial Insurance</li> <li>• Burial Plot</li> <li>• Burial Trust</li> <li>• Pre Paid Funeral Insurance</li> </ul>
<b>Holding</b> (This includes any stocks, savings bonds, mutual funds you or other household members own. These are also called financial holdings.)	<ul style="list-style-type: none"> <li>• Annuities</li> <li>• Bonds</li> <li>• Contracts</li> <li>• Debenture Bonds</li> <li>• Financial Holding (Holding)</li> <li>• Futures</li> <li>• Mutual Funds</li> <li>• Options</li> <li>• Promissory Notes</li> <li>• Savings Bonds</li> <li>• Securities</li> <li>• Stocks</li> <li>• Trust Funds</li> </ul>
<b>Insurance</b>	<ul style="list-style-type: none"> <li>• Insurance</li> <li>• Life</li> <li>• Other</li> </ul>
<b>Liquid</b> (This category includes cash you have on hand and checking and savings accounts. These types of assets are called liquid assets because you can easily change them into cash.)	<ul style="list-style-type: none"> <li>• Bank Account – Business</li> <li>• Cash on Hand</li> <li>• Certificate of Deposit</li> <li>• Checking Account</li> <li>• Individual Asset Account</li> <li>• Individual Development Account</li> <li>• Liquid (Liquid)</li> <li>• Money Market Account</li> <li>• Savings Account</li> </ul>
<b>Motor Vehicle</b>	<ul style="list-style-type: none"> <li>• Boat</li> <li>• Business</li> <li>• Motor Home</li> <li>• Other (Motor Vehicle)</li> <li>• Personal</li> </ul>



**Asset  
Information  
Module**  
(Continued)

Asset	Category
<b>Other</b>	<ul style="list-style-type: none"><li>Options</li><li>Other (Other)</li></ul>
<b>Pension</b> (This category includes 401K and 403b plans, IRA and Keogh accounts and federal and state retirement plans.)	<ul style="list-style-type: none"><li>401(K) Plan</li><li>Annuity</li><li>Benefit</li><li>Disability</li><li>IRA</li><li>KEOGH</li><li>Pension</li><li>Retirement</li></ul>
<b>Property</b> (This includes any property—also called real estate or real property) including your principal residence. Other examples are: apartments you own in the same building you live in or in a separate building or a house or piece of land other than where you live.)	<ul style="list-style-type: none"><li>Building</li><li>Land</li><li>Principle Residence</li><li>Real Estate – Business</li><li>Real Estate -- Personal</li></ul>
<b>Refund</b>	<ul style="list-style-type: none"><li>Earned Income Credit</li><li>Federal Income Tax</li><li>Refund (Refund)</li><li>State Income Tax</li></ul>



## Closed Asset Account Module

Assets that have been sold, closed, or otherwise disposed of in the last two years must be reported on the **Closed Asset Account Information** page.

The following is an example of this page.

**Closed/Sold Asset Information**

**NOTE: For State-Aided Public Housing, please provide any assets that have been closed, sold, traded or given away in the last 2 years.**

Has anyone in the household or a joint owner completely closed, sold, traded, or given away any assets in the last 3 months?\*

Who has closed/sold assets?\*

Asset Category (Liquid, Holding, Insurance, etc):\*

Asset Type:\*

Asset value on the date the asset was closed/sold:\*

Amount received on the date the asset was closed/sold:\*

Was the asset closed/sold in the last 3 months?\*

Date the asset was closed/sold:\*

Save and Add Another

Cancel and Go Back Save and Continue

Follow these steps to collect closed asset account information:

Step	Action
1	Indicate closed accounts during the last 3 months.
2	Identify joint ownership and enter the percentage owned.
3	Enter account and institution information.
4	Click <b>Save and Add Another</b> if there are additional closed accounts.
5	When all closed accounts have been entered, click <b>Save and Continue</b> .



## Additional Information Module

Emergency contact information is required for all applications where the applicant has indicated Homeless on the Personal Information page. An emergency contact and two references are required on the **Housing Contact Person Information** page. The following is an example of this page.

**Housing Contact Information**

**Emergency Contact:**

First Name: Janet Middle Name: Last Name: Smith Suffix:

Relationship of this person to the applicant head of household: Relative

PO Box:

Street Number: 100 Suffix:

**Household Reference:**

**Reference 1 Name and Contact Information:**

First Name: Richard Middle Name: Last Name: Roe Suffix:

Day/Work Telephone Number: 617 444 4444

PO Box:

Street Number:  Suffix:

Street Name:  Street Type:  Unit:

City:  State:  Zip Code:  -

Follow these steps to collect contact person information:

Step	Action
1	Enter contact details.
2	Enter additional information about the contact persons.
3	Click <b>Save and Continue</b> .



## Edit Information in Previous Modules

At any time after initiating the application, you can return to the previous screen to edit or add information by accessing the **Summary** page. The summary page is accessed when you click

**Cancel and Go Back**

The following is an example of the **Summary** page.

**Add Another** adds another record of this type

**Edit** returns you to the entry page to make changes

**Remove** deletes a record entry

Summaries can also be accessed through links for completed sections

**Save and Continue** returns you to the page where you were working

**Cancel and Go Back** takes you to a summary page for the previous module

**App#: 125051**  
**User:** Jill True  
**Location:** EOHHS  
[Suspend Application](#)  
[Cancel Application](#)

☒ [Initiate Application](#)  
☒ [Personal Information](#)  
☒ [Income Information](#)  
☒ [Expense Information](#)  
☒ [Asset Information](#)  
☒ [Additional Information](#)  
☐ [Submit Application](#)

**Employment and Income Summary**

**Salary/Wage Income Information** [Add Another](#)

Does anyone in the household currently have salary/wage income (including self-employment)?	Yes
Who has salary/wage income?	Sara Johnson
Employer Name:	KINDERCARE
Employment start date:	05/05/2004
Employer Telephone Number:	617-555-1616
<b>Employer Address:</b>	
PO Box:	
Street Number:	
Street Name:	
Suffix:	
Street Type:	
Unit:	
City:	
State:	02111
Zip Code:	
Wage Type:	Wages
Pay Period:	Bi-weekly (every two weeks)
Salary/Wage or net self-employment income amount including tips:	241.00
	<a href="#">Remove</a> <a href="#">Edit</a>

**Other Income Information** [Add Another](#)

Does anyone in the household have other income?	Yes
Who has other income?	Jon Johnson
Other Income Category (Alimony, Pensions, and Annuities etc.):	Social Security Benefits
Other Income Type:	Social Security
Payment Period:	Monthly
Amount of other income:	221.00
	<a href="#">Remove</a> <a href="#">Edit</a>

**Cancel and Go Back** **Save and Continue**

### Tips:

- Use the **Save and Continue** button to return to the page you were working on.
- The **Edit**, **Change**, and **Add Another** links can be used to alter the application data. Click **Save and Continue** to return to this summary after making your changes.



**Submit Module** Follow these steps to print forms, gather signatures and submit the application.

The following is an example of the **Application Confirmation** page. This page returns an application confirmation listing all programs and household members who have applied along with the LHAs identified to receive the application.

**App#: 122918**

User: [redacted]  
Location: BMC

[Suspend Application](#)  
[Cancel Application](#)

☒ [Initiate Application](#)  
☒ [Personal Information](#)  
☒ [Income Information](#)  
☒ [Expense Information](#)  
☒ [Asset Information](#)  
☒ [Additional Information](#)  
☒ [Submit Application](#)

**Application Confirmation**

You have completed entering information to apply for the following people and programs:

State-Aided Public Housing

- Jane Doe
- Jenny Doe
- Jason Doe

Click on 'Save and Continue' to view and print a complete summary of the information entered.

The applicant will need to print and sign the application as well as provide verification(s) based on the information entered into this application.

[Cancel and Go Back](#) [Save and Continue](#)

Follow these steps for the **Application Confirmation** page:

Step	Action
1	Review programs, applicants, and LHAs with the applicant. <i>Note:</i> You can select a link on the left to make any necessary changes to the application.
2	Click <a href="#">Save and Continue</a> .





**Submit Module**  
(Continued)

The **Electronic Application Summary** page summarizes all information entered in the application. The following shows some parts of this page.

<b>Executive Office of Health and Human Services</b>	
<b>Electronic Application Summary</b>	
<b>Application for Health and Human Services</b>	
Application Number:	122918
Date:	August 21, 2006 01:22:43 PM
<b>Programs</b>	
Applying for Programs:	State-Aided Public Housing
<b>Assisting Person Information</b>	
Who is providing information?	
<b>Head of Household Name</b>	<b>Housing Contact Information</b>
Name:	<b>Emergency Contact</b>
Housing Type:	Name:
Homeless Indicator:	Relationship of this person to the applicant head of household:
Street Number:	PO Box:
Street Name:	Street Number:
Suffix:	Suffix:
Street Type:	Street Name:
Unit:	Street Type:
City:	Unit:
State:	City:
Zip Code:	State:
Does the household have an address?	Zip Code:
Day/Work Telephone Number:	Day/Work Telephone Number:
Evening/Home Telephone Number:	Home/Evening Telephone Number:
	<b>Household References</b>
	<b>Reference 1 Name and Contact Information</b>
	Name:
	Day/Work Telephone Number:
	PO Box:
	Street Number:
	Suffix:
	Street Name:
	Street Type:

**Note:** The Application Number is assigned by the Virtual Gateway for purposes of tracking the e-application. It is not the control number assigned by the Local Housing Authority.



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Follow these steps for the **Electronic Application Summary** page:

Step	Action
1.	Click the <b>Print</b> button to print the documents.
2.	Review the summary with the applicant to verify all necessary information for the household is entered and is correct.  <i><b>Important:</b></i> You can click <b>Cancel and Go Back</b> to return to the individual summaries to add, remove, or change information.
3.	Click <b>Save and Continue</b> .



**Submit Module**  
(Continued)

The following is an example of the **Electronic Application Signature** page.

Administered by DHCD	
<b>Electronic Application Signature Page</b>	
<b>Application for State-Aided Public Housing</b>	
Application Number:	125051
Date:	September 1
Provider:	EOHHS
<b>Programs</b>	
Applying for Programs:	State-Aided P
<b>Head of Household Name and Address</b>	
Name:	Jon Johnson
Housing Type:	Shelter
Homeless Indicator:	Yes
Street Number:	2098
Street Name:	Main
Suffix:	
Street Type:	Street
Unit:	
City:	Boston
State:	Massachuse
Zip Code:	02111
Does the household have a different mailing address?	No
Date of Birth:	05/05/1955
<b>State-Aided Public Housing Rights and Responsibilities:</b>	
<p>I understand that this application is not an offer of housing. If my a housing authority at some future time may offer an appropriate without good cause, I do not accept that offer, my application will that housing authority, the status of my application(s) on waiting at any other housing authorities will be changed to that of a stan preference, and, if, I receive benefits at that time from the Massa Assistance, the amount and type of benefits may be reduced. In housing authority, my new application will not receive any priority</p>	
<p>information could result in the denial of my application and imposition of legal sanctions as provided by law, including, if applicable, the penalties for perjury.</p> <p>I further acknowledge my understanding that the housing authorities to which I have applied will request Criminal Offender Record Information from the Criminal History Systems Board and will seek relevant information about me and all adult members of my household.</p> <p>I, _____(applicant), have reviewed my application information contained in the Electronic Application Summary and certify under the pains and penalties of perjury the information to be complete (unless otherwise specified) and accurate. I have received and have read the State-Aided Public Housing Application Rights and Responsibilities. I authorized the Virtual Gateway Authorized User to submit the electronic application on my behalf. I understand that by doing so and by signing this statement I have signed the application for state-aided housing to the same legal effect as if I signed a paper application.</p>	
Applicant Signature	Date
Print Name	VG Application #
Housing Assistance Provider Witness Signature	Date
Print Name	VG User #
To print this screen, click the Print button or go to the File menu and select Print.	
Cancel and Go Back	Save and Continue
Print	

Follow these steps to complete the **Electronic Application Signature** page:

Step	Action
1	Print <b>Signature</b> page.
2	Instruct the applicant to review <b>Signature</b> page information for accuracy.
3	Ask the applicant to sign the page.
4	Click <b>Save and Continue</b> .



**Submit Module** The following is an example of the **Submit Application** page.  
(Continued)

Click a link to return  
to a summary to  
remove, add, and  
edit information

App#:125051

User: Jill True

Location: EOHHS

[Suspend Application](#)

[Cancel Application](#)

☒ [Initiate Application](#)

☒ [Personal Information](#)

☒ [Income Information](#)

☒ [Expense Information](#)

☒ [Asset Information](#)

☒ [Additional Information](#)

☒ [Submit Application](#)

### Submit Application

As part of the application process, the applicant must print and sign the application as well as review any additional forms. Please click on the 'Submit' button after receiving the signed application and reviewing the appropriate information with the applicant.

**Additional Forms for Applicant Review:**

This application will be submitted for the services below. If the service requires you to share additional forms or documents with the applicant and you did not yet print the information, please click on 'Cancel and Go Back' to access and print the applicable items.

**State-Aided Public Housing:**

☒ Application Summary

**Please indicate that the applicant has reviewed their application and that a signed application was received.**

☒ "I, Virtual Gateway Authorized User, certify that I have collected a signed and witnessed form entitled "General Authorization for Collection and Release of Information (Electronic Application) - Rights Under c. 66A (FIPA)" from the applicant and each adult household member, authorizing the collection and use of his or her personal data with knowledge of his or her rights and obligations.

☒ "I, Virtual Gateway Authorized User, certify that the applicant appeared before me and has reviewed the Electronic Application Summary. I have received acknowledgement from the applicant that the information contained in the electronic application summary is complete (unless otherwise specified) and accurate. I have provided the applicant and the applicant has read the State-Aided Public Housing Application Rights and Responsibilities. I have witnessed and collected the applicant's written signature on the Electronic Application Summary certifying under the pains and penalties of perjury the information to be complete (unless otherwise specified) and accurate. I am affixing my electronic signature to this application on behalf and direction of the applicant and have informed the applicant that in doing so have signed the application for the applicant to the same legal effect as if the applicant had signed a paper the application.

Click on the 'Submit' button below after the application and all applicable forms have been printed and have been reviewed and signed by the applicant.

Cancel and Go Back

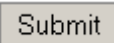
Submit Application

Click **Submit** to  
electronically submit  
the application



**Submit Module**  
(Continued)

Follow these steps before submitting the application:

Step	Action
1	<p>Click the check boxes to indicate required forms have been printed, signed and submitted where applicable:</p> <ul style="list-style-type: none"> <li>• <b>Application Summary</b>—Checking this box indicates that you have printed the Application Summary and reviewed it with the applicant</li> <li>• <b>General Authorization for Collection and Release of Information (Electronic Application)</b>—Checking this box indicated that you collected a signed and witnessed form for the applicant and each adult member of the household</li> <li>• <b>Electronic Signature</b>—Checking this affixes your electronic signature affirming that you have: <ul style="list-style-type: none"> <li>○ Witnessed the applicant review the Application Summary and confirm the summary is complete and accurate</li> <li>○ Provided the applicant with and witnessed the applicant read the State-Aided Public Housing Application Rights and Responsibilities</li> <li>○ Witnessed and collected the applicant's written signature on the Electronic Signature Page</li> <li>○ Explained to the applicant that by checking this box with their permission, they are essentially signing the application</li> </ul> </li> </ul>
2	<p>Click  .</p> <p><b>Important:</b> Clicking <b>Submit</b> immediately sends the application to all selected LHAs. Once the application has been submitted, it cannot be changed electronically. Contact the LHAs directly if you need to change any application information after submitting.</p>



**Submit Module**  
(Continued)

**Note:** This is the last page of the e-application process.

The following is an example of the **Confirmation of Submittal and Next Steps** page:

Confirmation of Submittal and Next Steps			
<b>Application Number:</b>		125051	
<b>Head of Household Name:</b>		Jon Johnson	
<b>Date of Birth:</b>		05/05/1955	
<b>Date Submitted:</b>		09/11/2006	
<b>An application has been submitted for the following people and programs:</b>			
<b>State-Aided Public Housing</b>			
<ul style="list-style-type: none"><li>Jon Johnson</li><li>Sara Johnson</li></ul>			
<b>We have submitted your application for the programs listed below. You must follow the instructions below in order to complete the application process for all programs.</b>			
Program Name	Contact Information	Instructions for completing application process	Applicant Name and Verification Item
State-Aided Public Housing	Somerville HA 30 Memorial Rd Somerville, MA 02145 Tel: 617-625-1152 Fax: 617-628-7057	<ul style="list-style-type: none"><li>The following forms must be</li></ul>	<ul style="list-style-type: none"><li>needed for children 5 &amp; under )</li><li>Jon Johnson</li><li>Sara Johnson</li></ul>
	Brookline HA 90 Longwood Ave Unit 1 Brookline, MA 02446 Tel: 617-277-2022 Fax: 617-277-1462	<ul style="list-style-type: none"><li>offer is made, and appeal rights. Based on this notification the applicant should not make plans to move into State-Aided Public Housing. This is not a unit offer.</li><li>If the applicant disagrees with an LHA's decision, he/she can request a private conference with the LHA, then if dissatisfied can</li></ul>	<ul style="list-style-type: none"><li>Child in Foster Care</li><li>Jon Johnson</li><li>Sara Johnson</li></ul>
	Canton HA 660 Washington St Canton, MA 02021		
	Watertown HA 55 Waverley Ave Watertown, MA 2472 Tel: 617-923-3950 Fax: 617-923-2466		
			prior application for a three (3) year period.
Verification Item		Acceptable Verification Documents	
Self Employment Income		<ul style="list-style-type: none"><li>Signed copy of most recent Federal 1040 Tax Return with relevant attachments (WIC only accepts this in January) (for Housing, includes schedule C and any other schedule filed, notarized as being a true and complete copy of the filed return)</li><li>Accounting of business income and expenses for the past 12 months, signed by an accountant (or the applicant, if no accountant) if no Federal 1040 Tax Return form has been filed (not accepted by Housing)</li><li>If received salary from self-employment, provide a notarized statement for prior year's 1040, including Schedule C evidencing filed statement, four or more consecutive pay stubs if applicable, or notarized statement providing pay rate if applicable, and number of hours of overtime (for Housing only)</li><li>1040 ES quarterly tax form within 90 days; (Not acceptable for MassHealth)</li><li>If no IRS form 1040 Tax Return has been filed or if first year of operation, an accounting of business income and expenses for the past 12 months, certified by an accountant - if no accountant, applicant must have certify accuracy (for Housing only)</li></ul>	
Wage Income		<ul style="list-style-type: none"><li>Recent Pay Stubs:</li><li>i. 1 from the past 30 days for WIC</li><li>ii. 2 from the past six months for MassHealth or Women's Health Network</li><li>iii. 4 within the past six weeks for Food Stamps</li><li>MassHealth and Women's Health Network will also accept the most recent Federal 1040 Tax Return if pay stubs cannot be supplied</li><li>Statement of military earnings (gross)</li><li>Letterhead statement of gross monthly or weekly earnings (Housing only accepts a statement from employer on employer's business stationery stating gross monthly or weekly earnings)</li></ul>	

This section of the page confirms:

- Application was submitted
- Programs applied for
- Who applied for each program

This section of the page provides:

- Next Steps Instructions
- What verifications are required for each applicant

This section of the page provides acceptable forms of verification for each verification item



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Follow these steps to complete the Common Intake process:

Step	Action
1.	Print <b>Confirmation of Submittal and Next Steps</b> page.
2.	Provide the applicant with a copy of the <b>Next Steps</b> page and review it with the applicant.
3.	Provide applicant with a copy of the <b>Next Steps</b> instructions. <i>The Common Intake process is complete.</i>
4.	Inform applicants that are applying for priority status that applicant must provide verifications to intake worker within 14 business days

This is the final step of the electronic process. Please refer back to the Processing Steps for Housing Applications in Common Intake chapter for the next step in the Housing application process.

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Notes:





## Chapter 4: Incomplete Applications

### Introduction

Applications that have not been submitted can be suspended and worked on at a later time. While working in an application, click the [Suspend Application](#) link to suspend the application. The application will close and you will be returned to the Dashboard.

You can retrieve incomplete applications through the Common Intake Dashboard.

Incomplete applications occur when:

- A user suspends an application that is in process
- If the application process is interrupted due to technical problems

### Incomplete Applications in the Common Intake Dashboard

You may access incomplete applications through links in the lower left quadrant of the dashboard.

The screenshot shows the Common Intake Dashboard interface. At the top, it says 'Welcome Jill True' and 'Current Location EOHHS'. The dashboard is divided into several sections:

- What Would You Like to Do Today?** (Left sidebar):
  - [Start a New Application](#)
  - [Complete a Screening Survey](#)
  - [Submit Common Intake Feedback](#)
  - [Check MassHealth Member Status \(REVS\)](#)
  - [Search For MassHealth Applicant](#)
  - [Enter Application Inbox](#)
  - [Virtual Gateway Training Materials, FAQs, Newsletters](#)
- Search For Application** (Top right):
  - Application Number:
  - Status:
  - Created By:
  - Last Updated/Submitted Date Range:  /  /  to  /  /
  -
- Incomplete Applications** (Bottom left, highlighted with a dashed box):
  - [Incomplete for Yourself](#)
  - [Incomplete applications for EOHHS](#)
- Create a Report** (Bottom right):
  - Programs Applied For:
  - Status:
  - Last Updated/Submitted Date Range:  /  /  to  /  /
  -



## Accessing Incomplete Applications

You can access incomplete applications you initiated (Incomplete for Yourself) or that were initiated by other housing intake staff in the same organization (Incomplete applications for Your Organization).

Click a link to  
list incomplete  
applications

### Incomplete Applications

[Incomplete for Yourself](#)

[Incomplete applications for EOHHS](#)

Click  
application  
number to  
open  
incomplete  
applications

Mass.Gov Home Help

Training User2 - EOHHS

Welcome Training User2

Application Number	Head of Household		Application Expiration Date
	Last Name	First Name	
121199	Doe	Jane	08/28/2005
121138	white	keesha	08/28/2005
121101	Smith	Joe	08/28/2005
120452	Haroldson	Harold	08/09/2005
120422	SMith	Harriett	08/09/2005
120341	bird	tweety	08/08/2005
120154	Ramirez	John	08/21/2005

Please note that pending applications will expire 60 days after the date last viewed or updated.  
Applications in red with a \* will expire in less than 7 days.

Go Back

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**Caution:** Applications in this list have *not* been submitted and will only be available for 60 days.

**Note:** Only those intake workers that have the Housing role will have access to incomplete or completed Housing applications.



## Chapter 5: Search for Applications

### Introduction

The Search for Application feature allows you to search for applications, view eligibility and submission status, and view information for submitted applications.

This chapter includes:

- How to search for applications
- View results of the search
- View application information

Your search for applications will be conducted directly from the Common Intake Dashboard page and is a feature of Common Intake.

### Searching for Applications through Common Intake

You may search for an application through the **Dashboard Tool**:

The screenshot displays the Virtual Gateway dashboard interface. At the top, there is a header with the 'Virtual Gateway' logo on the left and the 'Mass.gov' logo on the right. Below the header, a navigation bar contains links for 'Mass.gov Home' and 'Help'. The main content area is divided into several sections. On the left, a 'Welcome Jill True' message is followed by a 'What Would You Like to Do Today?' section with links for 'Start a New Application', 'Complete a Screening Survey', 'Submit Common Intake Feedback', 'Check MassHealth Member Status (REVS)', 'Search For MassHealth Applicant', 'Enter Application Inbox', and 'Virtual Gateway Training Materials, FAQs, Newsletters'. The central part of the dashboard features a 'Search For Application' tool, which is highlighted with a dashed box. This tool includes fields for 'Application Number', 'Status' (a dropdown menu set to 'All'), 'Created By' (a dropdown menu set to 'My Organization'), and 'Last Updated/Submitted Date Range' (with date pickers for month, day, and year). A 'Search' button is located below these fields. To the right of the search tool, there is a 'Create a Report' section with a dropdown menu for 'Programs Applied For' (set to 'Child Care'), a 'Status' dropdown (set to 'All'), and a 'Last Updated/Submitted Date Range' section with date pickers. A 'Create Report' button is at the bottom of this section.



## Searching for Applications through Common Intake (Continued)

The following diagram illustrates the features available to help you refine your search criteria.

Created by:

- My Organization
- You

**Search For Application**

Application Number:

Status:

Created By:

Last Updated/Submitted Date Range:  to

Application number

Date range

## Viewing Results of Search

Results present applications meeting search criteria:

Click **Status** to view status of submitted applications

Click **Application Number** to access application summary and forms

Application Search Results:

Head of Household							
Application Number	Submission Status	Last Name	First Name	Submit Date	Last Updated Date	Last Modified By	View Status
<a href="#">109671</a>	Submitted	Long	Huey	09/12/2006		itrainee13	<a href="#">Status</a>
<a href="#">109667</a>	Received	Smith	Steve	09/11/2006		hpublic	<a href="#">Status</a>
<a href="#">109665</a>	Incomplete	mittal	sony		09/11/2006	rmolakalapalli	
<a href="#">109662</a>	Incomplete	true	john		09/11/2006	rmolakalapalli	
<a href="#">109660</a>	Incomplete	mirald	army		09/11/2006	rmolakalapalli	
<a href="#">109658</a>	Submitted	logo	rita	09/11/2006		rmolakalapalli	<a href="#">Status</a>
<a href="#">109656</a>	Submitted	Smith	Bob	09/11/2006		Icheng	<a href="#">Status</a>
<a href="#">109641</a>	Submitted	Federer	Rogr	09/10/2006		itrainee13	<a href="#">Status</a>
<a href="#">109636</a>	Submitted	...	...	09/09/2006		...	<a href="#">Status</a>

**Note:** Only those intake workers that have the Housing role will have access to incomplete or completed Housing applications.



## Chapter 6: Questions and Answers

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### Overview

If you have additional questions:

- Ask your supervisor or co-workers for assistance
- Contact the Virtual Gateway Help Desk at: 1-800-421-0938, Monday-Friday, 9:00 a.m. to 5:00 p.m.
- Contact the DHCD Help Desk for any DHCD business related questions: 1-617-573-1294, Monday-Friday, 9:00 a.m. to 5:00 p.m.

The Virtual Gateway Help Desk is available to assist you with:

- General questions regarding the Virtual Gateway
- Questions regarding e-applications
- Technical questions or system issues
- Virtual Gateway password resets

Please be prepared to provide the following:

- Name, organization, phone number, e-mail address
- Application Number (if applicable)
- Screen/field you were working on (if applicable)
- Description of the issue or error message
- Perceived severity of the issue

**Note:** If the Help Desk is unable to resolve your issue while on the phone, a ticket number will be issued along with any relevant workarounds. Ticket numbers will not be issued for DHCD business questions; callers will be referred to the DHCD Help Desk.

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**Notes:**



## Appendix A: Keywords

Screen	Keyword	Keyword Definition
Before you begin	secure	A secure connection means that all electronic communication is encrypted. Encryption is a method of scrambling a message so others cannot read it.
	priority	An applicant may qualify for priority status if they are without a place to live or in a living situation where there is significant, immediate and direct threat to the life or safety of the applicant or an applicant household member. The applicant and/or applicant household member must not have caused or substantially contributed to the safety or life threatening situation, and the applicant has pursued ways to prevent or avoid the situation, and has made reasonable efforts to locate alternative housing.
	preference	An applicant may qualify for preference status due to veteran status, local residency status, and/or minority status.
Before you begin	affect	If an applicant has been determined to have Priority homeless status, and the applicant refuses the unit offer, without substantial cause, the applicant will lose all priority status on all Local Housing Authority waiting lists for which he or she has applied. Resulting in the applicant being a Standard Applicant without any preference received on the Priority application. The applicants name will be removed from the waiting list at the housing authority that has made the unit offer. If the applicant applies at the housing authority that made the unit offer, the applicant will not be eligible for priority or preference received on the prior application for a period of three (3) years. If an applicant is determined to be a Standard applicant, and he/she refuses a unit offer the application will be removed from the waiting list where the unit offer was made. The applicant will not be eligible in this community for priority or preference received on the prior application for a period of 3 years.
Identify Yourself Name and Address Residence	suffix	A suffix is a letter or letters that follow a street number. For example if you live at 25A Main Street, the number is 25 and the suffix is A.



	unit	Units are your apartment, suite, floor, etc.
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Screen	Keyword	Keyword Definition
Name and Address	type of housing	<ul style="list-style-type: none"><li>Public Housing is limited to traditional government-owned housing.</li><li>Private Housing is not government owned housing. You own your own home or you rent from a private landlord unassisted.</li><li>A Residential Facility is group living arrangement. Examples include group homes for the blind and disabled; residential drug or alcohol treatment programs or halfway houses.</li><li>Transitional Housing is temporary housing.</li></ul>
	homeless	Homeless Applicant: an application who (a) is without a place to live or is in a living situation in which there is a significant, immediate and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size; (b) has made reasonable efforts to locate alternative housing; (c) has not caused or substantially contributed to the safety-threatening or life-threatening situation; and (d) has pursued available ways to prevent or avoid the safety-threatening or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement rights.





Screen	Keyword	Keyword Definition
Name and Address	cause of homelessness	<p>The incident(s) of circumstance(s) that led to the applicant's current living situation:</p> <p><b>Natural Forces:</b> If you can no longer live in your residence due to a fire, flood, or earthquake</p> <p><b>Urban Renewal, Eminent Domain:</b> If you have been displaced within the past three (3) years due to public works, urban renewal, or public usage or improvement</p> <p><b>Condemnation of Home, Code Violations:</b> If you have been displaced due to a public health agency's enforcement of local, state health codes</p> <p><b>No-fault, Severe Medical, or Abusive Situation:</b> Applicants who have been displaced or are imminently faced with displacement because of circumstances as follows:</p> <ul style="list-style-type: none"> <li>• No-fault of homelessness: Applicant is homeless and facing an immediate and direct threat to life or safety through no fault of their own and for reasons outside their control including substandard housing conditions which directly and substantially endanger or impair the health, safety or well being of the household</li> <li>• Severe Medical: Applicant household member is suffering from severe medical emergency, illness, or injury which is life threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery</li> <li>• Abuse: Applicant is in an abusive situation</li> </ul>



Screen	Keyword	Keyword Definition
Personal Information	veteran	<p>To be considered a veteran for the purposes of State-Aided Public Housing, one must be a veteran as defined under MGL c. 4 §7 clause 43rd; or a surviving spouse, parent, or other dependent of such a person. Briefly, a veteran is an individual who has served on active duty in one of the branches of the U. S. Military for a stipulated period of time during either wartime or time other than wartime. Click here for <a href="#">additional veteran information</a> on those stipulated periods, service requirements and exceptions. A copy of the veteran's DD214 and documentation showing relationship to the veteran (as necessary) will be required.</p> <p>* Note: To view the page the applicant is directed to by clicking the link '<a href="#">additional veteran information</a>,' see Appendix A.</p>



Screen	Keyword	Keyword Definition
Additional Housing Information	type(s) of housing	<p><b>Please Note:</b> The type(s) of housing that appear are dependent upon the current situation(s) chosen earlier in the application.</p> <p><b>Non-Elderly/Handicapped:</b> Available to persons less than 60 years of age who have a disability. Tenants pay 30% of the their income for rent if all utilities are provided and 25% if any utilities are paid by the tenant.</p> <p><b>Family:</b> Family housing is a program available for families who pay rent based on household income and whether the costs of any utilities (electricity, heat, cooking fuel) are included. If all utilities are provided, family tenants pay 32% of net household income, 30% of net household income if some utilities are paid by the tenant, and 27% if the tenant pays all utilities.</p> <p><b>Congregate/Elderly Handicapped:</b> Congregate housing is a program available to eligible low income frail elders and persons with disabilities who are screened for special needs and conditions as part of tenant selection. It is called congregate housing due to the nature of its setting: residents share common spaces, including living room, kitchen and dining room and, in some cases, bathrooms, while maintaining a private bedroom. Congregate housing sites are staffed with a trained case manager, the "congregate coordinator," who helps package and oversee a service plan for each resident, markets the developments and serves as the liaison between the residents and their families, elder service agencies and the housing authority.</p> <p><b>Elderly:</b> Elderly housing is a program available to persons at least 60 years of age. Tenants pay 30% of their income for rent if all utilities are provided and 25% if any utilities are paid by the tenant.</p>



Local Housing Authority	Region	<ul style="list-style-type: none"><li>• Cape Cod</li><li>• Central, including Worcester, Fitchburg, Gardner</li><li>• Metro West, including Framingham, Needham and Wellesley</li><li>• Metro Boston, including Chelsea, Revere, Everett, Somerville, Cambridge, Quincy and Waltham</li><li>• North, including Lawrence, Lowell, Peabody, Salem</li><li>• Pioneer Valley, including Springfield, Holyoke and Chicopee</li><li>• South, including Brockton, Fall River, New Bedford and Taunton</li><li>• Western MA, including Pittsfield</li></ul>
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Screen	Keyword	Keyword Definition
Local Housing Authority	additional information	<p>Additional housing authorities within the search area(s) may exist, but at this time either are not accepting applications for units consisting of the number of bedrooms determined to be appropriate for the household size, or do not have any units consisting of the number of bedrooms determined to be appropriate.</p> <p>A household may want to apply for a unit consisting of a different number of bedrooms than the number shown. Households can elect to apply for and accept units having a number of bedrooms sufficient to provide that not more than two household members without regard to age, sex or relationship share a bedroom. Any household accepting such a unit which provides for the minimum number of bedrooms for the number of household members later will not be able to move to a larger unit unless there is a subsequent change in the household size. Occasionally, under certain documented medical circumstances a household may require more bedrooms that would otherwise be determined appropriate for the household composition.</p> <p>This e-application system however will only allow applicant households to apply for appropriately sized units at housing authorities accepting applications. <i>Applicants wishing to apply for housing other than that identified in the search results should contact a local housing authority directly.</i> To apply for housing other than that which is available through the e-application system, contact the Local Housing Authority in the community to which you are interested in inquiring about possible other housing choices. To view a complete list of all Massachusetts Local Housing Authorities, return to the Local Housing Authority screen and click the associated link.</p>
Local Housing Authority	here	<p>Link directs the applicant to the following site:  <a href="http://www.mass.gov/dhcd/publications/howto.htm#LHAs">http://www.mass.gov/dhcd/publications/howto.htm#LHAs</a> </p>



Employment and Other Income Information	Other Income	Other income, often referred to as unearned income, includes Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to the Elderly, Dependents and Children (EAEDC), Retirement Survivors Disability Insurance (RSDI), Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veteran's pensions, other pensions or disability benefits, child support, alimony, unemployment insurance, workers compensation or gifts.
Screen	Keyword	Keyword Definition
Job Information	Wage Type	<ul style="list-style-type: none"><li>• Wages: Regular job with standard wages. Most jobs fall into this category.</li><li>• Self-Employment</li><li>• Student Earnings</li><li>• Federal Work Study</li><li>• Non-Federal Work Study</li><li>• JTPA - Job Training Partnership Act</li><li>• Americorps OJT - On the Job Training</li><li>• Full Employment Income Program - Full Employment Income</li><li>• Sheltered Workshop</li><li>• Youthbuild</li><li>• Summer Youth E &amp; T - Employment and Training</li><li>• Day Labor</li><li>• Seasonal Employment</li></ul>
Other Income Information	Other Income Category	See Income Module
	Other Income Type	See Income Module B
Expense Information	expenses	You may claim and provide proof of certain household expenses. Verified expenses are subtracted from income. Types of household expenses include: Dependent Care Costs, Household/Shelter Costs, Utility Expenses, Medical Expenses and Child Support Payments.
Expense Information	Expense Category	See Expense Module
	Expense Type	See Expense Module



Screen	Keyword	Keyword Definition
Asset Information	assets	<p>Assets are things that you own that can be converted to cash. Some things count as assets and some things do not.</p> <p>Things that count are:</p> <ul style="list-style-type: none"> <li>• Money that you have in cash or in checking or savings accounts</li> <li>• stocks</li> <li>• bonds</li> <li>• Independent Retirement Accounts</li> <li>• 401k accounts</li> <li>• Your house, Real Estate, Real Property, Personal Property(unless applying for Food Stamps)</li> </ul> <p>Things that do not count are:</p> <ul style="list-style-type: none"> <li>• Your house, Real Estate, Real Property, Personal Property and belongings(unless applying for Housing)</li> <li>• a burial plot</li> <li>• up to \$1500 in a pre-paid funeral home account</li> <li>• any asset that you cannot change into cash</li> <li>• automobile used as primary means of transportation for one or more household members</li> </ul>
Asset Information	anything of value	<p><b>Anything of value:</b> Anything owned by a household member that has significant value, which can be easily determined, and can be sold or converted to cash. Items include personal property such as expensive jewelry, antiques and art work, and other possessions of an investment nature, cars, boats, and other recreational vehicles excluding the automobile used as the primary means of transportation for one or more persons; stocks, bonds, mutual funds, annuities, trusts, checking, savings, and money markets accounts, cash, and real estate.</p>
Asset Information	Asset Category	See Asset Module
Closed/Sold Asset Information	Asset Type	See Asset Module



Navigation Tips	module	A module refers to a section of the application such as Personal Information, Assets, Additional Information, etc. You can navigate to a specific module by clicking on their associated links on the left side of each screen throughout the application.
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**Notes:**